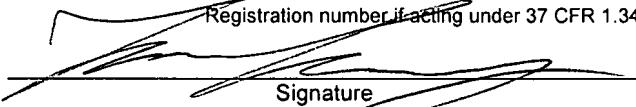
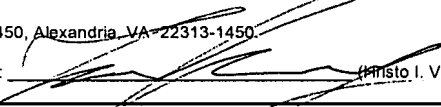


epw

|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>393032043800 |             |
| Application Number<br>10/786,512  |            | Filed<br>February 24, 2004               |             |
| For <b>OPTICAL DISK RECORDING METHOD AND APPARATUS USING ALTERNATIVE STRATEGIES OF LASER BEAM CONTROL</b>   |            |  |             |
| Art Unit<br>2627  |            | Examiner<br>Thomas D. Alunkal            |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |  |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                     | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                    | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525                                    | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1640     | \$820                                    | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230     | \$1115                                   | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |  |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,694</u>  |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |             |
| <br>Signature  |            | November 26, 2007<br>Date                |             |
| Hristo I. Vachovsky<br>Typed or printed name  |            | (213) 892-5790<br>Telephone Number       |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| 10/02/2007 HRI:VCH 00000064 031952 10786512   |            |  |             |
| 01 FC:1253 1050.00 DA   |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |             |

|   |   |
|---|---|
| I hereby certify that this paper is being deposited with the U.S. Postal Service as First Class Mail, on the date shown below in an envelope addressed to:<br>MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |   |
| Dated: November 26, 2007  | Signature:  (Hristo I. Vachovsky) |



PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2008</b> |  | <b>Complete if Known</b> |                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       | 10/786,512        |
| TOTAL AMOUNT OF PAYMENT   |  | Filing Date              | February 24, 2004 |
| (\$)  |  | First Named Inventor     | Yukihisa NAKAJO   |
| 1,050.00  |  | Examiner Name            | Thomas D. Alunkal |
|   |  | Art Unit                 | 2627              |
|   |  | Attorney Docket No.      | 393032043800      |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 03-1952   |
| Deposit Account Name: Morrison & Foerster LLP  |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                    |                     |   |                      |                                  |                       |                       |
|---|--------------------|---------------------|---|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |   |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |   |                      |                                  |                       |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b>                                      |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                    | <b>Small Entity</b> |   | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 310                | 155                 | 510   | 255                  | 210                              | 105                   |                       |
| Design  | 210                | 105                 | 100   | 50                   | 130                              | 65                    |                       |
| Plant   | 210                | 105                 | 310   | 155                  | 160                              | 80                    |                       |
| Reissue   | 310                | 155                 | 510   | 255                  | 620                              | 310                   |                       |
| Provisional   | 210                | 105                 | 0   | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |   |                      |                                  |                       |                       |
| <b>Fee Description</b>  |                    |                     |   |                      |                                  | <b>Small Entity</b>   |                       |
|   |                    |                     |   |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |   |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |   |                      |                                  | 210                   | 105                   |
| Multiple dependent claims   |                    |                     |   |                      |                                  | 370                   | 185                   |
| <b>Total Claims</b>   |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| 48  |                    | - 48 = 0            | x   | = 0                  | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>  |
|   |                    |                     |   |                      | 0                                |                       |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |   |                      |                                  |                       |                       |
| <b>Indep. Claims</b>  |                    | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| 8   |                    | - 8 = 0             | x   | = 0                  |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |   |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |   |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |   |                      |                                  |                       |                       |
| <b>Total Sheets</b>   |                    | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                       |
| - 100 =   |                    | /50 =               | (round up to a whole number) x                          |                      | =                                |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |   |                      |                                  |                       |                       |
|   |                    |                     |   |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |   |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month   |                    |                     |   |                      |                                  | 1,050.00              |                       |

|                     |                     |                                   |                   |
|---------------------|---------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                     |                                   |                   |
| Signature           |                     | Registration No. (Attorney/Agent) | 55,694            |
| Name (Print/Type)   | Hristo I. Vachovsky | Telephone                         | (213) 892-5790    |
|                     |                     | Date                              | November 26, 2007 |

First Class Mail

la-952728